

*Summary and Recommendations of Report on Planned Parenthood  
Clinics by the Committee on Public Health Relations of  
The New York Academy of Medicine\**

I—SUMMARY

In Greater New York there are above 28 organized places where a woman may apply for contraceptive advice, instruction, and the necessary supplies. These may be classified as follows:

1. Special contraceptive hospital clinic departments.
2. Hospital gynecological clinics.
3. The Margaret Sanger Research Bureau. (Affiliated with the Planned Parenthood Federation of America, Inc.)
4. Planned Parenthood Committee of Mothers' Health Centers, and cooperating Maternal Health Centers—Kings County Planned Parenthood Committee, Staten Island Committee for Planned Parenthood, Far Rockaway Mothers' Health Center Committee, and Planned Parenthood Committee of Jamaica, all affiliated with the Planned Parenthood Federation of America, Inc.
5. Two independent organizations: The Judson Health Center, and the International Workers Order Birth Control Clinic.

A summary of the organization and work of these clinics and centers is herewith presented:

*Special Contraceptive Hospital Clinic Departments*—There are only 5 hospitals in Greater New York in which contraceptive advice is given in a separate department. These departments are well housed, and their work measures up to fair clinical standards. Considering the great demand for contraceptive advice and the large area from which these hospitals draw patients, the number of women served is very small.

*Hospital Gynecological Clinics*—The hospital gynecological clinics giving contraceptive service have no separate records for contraceptive work. Consequently there is

no way of telling, without going over every record in the clinic, the number of women taken care of, the type and character of the work done, and the results.

In some of the gynecological and post-partum hospital clinics the work is done *sub rosa*, and therefore no records are kept.

*The Margaret Sanger Research Bureau*—This is the best equipped and largest center in Greater New York. It is the leader in the contraceptive work done in the city. It sets the example for all the extramural centers, and a great majority of the physicians now in charge of contraceptive clinics have had their training at the Bureau.

*The Planned Parenthood and Maternal Health Centers*—With the exception of the newly established Harlem Center, these centers are usually located in settlement houses, or in improvised locations, where the facilities for proper type of work are limited. The waiting rooms are crowded, and in some places they are in hallways, without any provision for the patients' comfort. Both new and old patients attend on the same day. Under such a plan, the centers are crowded, and patients who return to obtain new material must very often wait unnecessarily long periods of time. The doctors and nurses are constantly hurried in their work.

*The Judson Health Center and the International Workers Order Birth Control Clinic*—These clinics function independently. Both receive a rather small number of patients. Both have adequate quarters. In one instance the contraceptive clinic is a part of a general health clinic and most of the patients are referred from this clinic. The other is maintained by a labor union and the clientele is largely from among the union members.

*Physicians*—With the exception of the director of the Margaret Sanger Research

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Bureau, all the doctors employed in the contraceptive centers are women. The physicians in charge of the Planned Parenthood centers are giving their services for small fees, and many of them are not interested in the underlying medical and social problems. Often, they are not the best physicians obtainable, and their work is frequently superficial. The type of work done at the centers requires a certain amount of teaching ability, tact, and time. To the average patient, the technique of contraception seems strange and complicated, and unless the physician can make herself clearly understood and be patient, the woman may become confused and discouraged. Several of the doctors are foreigners and difficult to understand in ordinary conversation.

*Records*—The forms and charts used in the centers are furnished by the Planned Parenthood Committees. The social history is usually taken by a volunteer, or, in case the volunteer is absent, by the nurse who has a great many other duties to attend to at the same time. Most of the histories are taken either in an open waiting room or in a small partitioned office; no provision is made for privacy. Questions and answers can be heard by those present in the room. This is not conducive to accurate history taking, or to obtaining information which the patient considers confidential. The personal and family histories taken by the volunteers are however fairly complete. The workers are untrained in handling patients and unfamiliar with the basic principles of social service. They render their services gratuitously, and there is no way of controlling the quality of their work or the regularity of their attendance.

The medical histories often are sketchy and incomplete, either because of the constant pressure of new patients or the carelessness of the physician. The marital histories, which are classified under general physical examination, receive little attention. The follow-up records seem entirely inadequate and of no scientific value. Furthermore, the records are not cross-indexed.

*Examination*—The physical examination usually is limited to a pelvic examination, which is fairly adequate. Rarely is a record made of a general physical examination.

As most of the physicians are general practitioners, their diagnosis of pelvic abnormalities leaves much to be desired.

*Referrals*—Whenever an abnormality is found, the patient is referred to her own private physician, if she has one, or to a hospital clinic. No physician is permitted to refer a patient to her own office. Contrary to rumors, there is no evidence that this type of unethical practice is in existence in the Planned Parenthood centers in Greater New York.

*Methods Prescribed*—The procedure followed in all centers consists of the use of coil-spring type diaphragms and jelly. In complicated cases where a regular vaginal diaphragm will not fit, a special diaphragm or cervical cap is fitted.

*Effectiveness of Method*—The information obtained in those hospitals where the follow-up is fairly reliable indicates that the method is effective, but that many of the patients tire of the elaborate preparation. A follow-up in one of the hospital clinics, where only those having serious medical indications were given contraceptive advice and told that pregnancy might endanger their lives, showed that only about 70 per cent persevered in the use of the method; 20 to 30 per cent were human failures.

*Administrative Practice*—The trained nurse is the administrative director of the individual center. She admits the patients, supervises the work of volunteers, gives the lectures and demonstrations, sets up the treatment room, takes care of all the supplies, assists the doctor, collects the fees, and sees that everything is safely stored away. In her spare time, she sends out follow-up cards.

*Admission Practice*—Admissions at the extramural centers are made almost entirely by the nurse, and very few applicants are turned away. As far as could be learned, only unmarried women are excluded.

*Fees*—Charges are graduated according to the income and the number of children in the family.

*Follow-up*—In New York City, the follow-up consists of sending a letter to the patient who has not returned after six months, and visiting the home of the patient if the letters bring no result. In the Brook-

lyn centers because of the scarcity of nurses, no home visits are made. In all centers, if the patient does not return within a year, the case is considered closed.

In short, the Planned Parenthood centers are trying to do an important and necessary work with limited financial resources and without the proper facilities. Such facilities can best be provided by hospital clinics.

## II—RECOMMENDATIONS

1. The New York Academy of Medicine, with its traditional interest in the health and welfare of the family and in problems of human fertility, should assume leadership in the recognition of medically indicated contraception as an integral and essential part of preventive medicine.

2. Contraceptive advice should be given by well-trained physicians, both in their offices and in hospital clinics, only when on the basis of a thorough medical study, they are professionally and morally satisfied that such action is justified. Child-spacing should be recognized as a medical indication.

3. The New York Academy of Medicine should declare itself in favor of including the teaching of indications, and the training in techniques of contraception, in medical college curricula, and of providing facilities for postgraduate education of interns, residents, and other physicians.

4. Inasmuch as family-planning advice is a health service, private physicians and hospitals, as well as the proper health authorities, should assume the responsibility of providing it.

5. When contraceptive services have become a recognized part of hospital service in the city, the Planned Parenthood centers should confine themselves to the education of the public, and all education should be under medical supervision.

6. The educational program of the Planned Parenthood Federation toward fertility should take a positive attitude as well as a negative one. Contraceptive advice in the centers operated by Planned Parenthood organizations should not be given to anyone who may apply for it, but every effort should be made to analyze each individual situation and to urge parenthood strongly, where the conditions warrant it.

7. Until such time as the hospital clinics take over contraceptive clinic service, the Planned Parenthood organizations should continue to maintain contraceptive centers which conform to standards set up for licensure of dispensaries by the State Board of Social Welfare, and The New York Academy of Medicine should strongly urge upon that Board that these centers be licensed, because they are an important part of preventive medicine and because they cannot be otherwise controlled.

8. Centers so licensed should conform to the following criteria:

a. They should have adequate financial support to provide good service and proper staff.

b. Only physicians well trained in this special work and interested in the medical objectives of contraception should be employed.

c. Only nurses who are interested in contraceptive services as a part of maternal health, and who have an understanding of public health and social service procedures, should be employed.

d. New cases should be accepted by appointment only, and the number of patients limited, so that the physician and nurse may give the attention each requires. The optimum patient load per physician and nurse should be determined and maintained. Clinics should be held at hours most convenient to the patients.

e. New patients should be given a general physical examination at the centers, or elsewhere if this is impossible there, and all the findings should be recorded. Adequate pelvic examinations should be made at the centers.

f. The patient's reasons for requesting contraceptive advice should be investigated by the physician and clearly stated on the chart, together with the doctor's reasons for giving such services.

g. Patients who seem to have difficulty with the recommended method of contraception or who find it too complicated, should be given some simpler method, which, while not so effective, would probably be used more consistently for a longer period.

h. The clinic physician should be trained to look for and recognize abnormalities, and

should impress upon the patients the need of proper medical care of such conditions.

i. Patients with psychological maladjustments or social problems should be referred to a proper accredited agency or clinic.

j. There should be periodic reviews of standards, and supervision of the work of the physicians in the centers, by competent boards of medical consultants.

k. Periodic conferences of clinical staffs should be required.

l. Adequate records, with a strict follow-up, should be kept as well as statistics for future studies.

m. The waiting rooms should be clean and comfortable; the history taking and consultation rooms should afford privacy; and dressing and toilet facilities should be

accessible to the examining rooms.

n. Clerks and volunteers should be given instruction and guidance in the underlying principles of social service. In the larger centers there should be a professional medical social worker.

*Required Readjustments*—Unless present unsuitable conditions in the settlement house centers can be improved, the family-planning centers located there should be moved to more suitable independent quarters.

Those extramural centers which are below minimum standards should be discontinued.

The Lenox Hill Hospital and the new Hannah Stone Memorial Center in Harlem should serve as patterns for hospital clinics and extramural centers.